Signature of Candidate, OR, for all other committees, Chairperson

FOR INSTRUCTIONS, SEE BACK OF FORM IA	THICS AND	FORM	STATEMENT	
	BISOLOSUNE BL	DR-1	l OF I	
	1 921000000000		ORGANIZATION	
This is an initial* Statement of Organization		(Rev. 01/2006)		
This is an amended* Statement of Organization An initial Statement of Organization must be filed within 10 days of the committed of the committee of the commit	2 AMU: 28	For Office Use	Only	
*An initial Statement of Organization must be filed within 10 days at the borning	nittob's accepting contributions,	Comm. #		
making expenditures, or incurring indebtedness exceeding \$750. Amendmen	its must be filed within 30 days of	Indexed		
a change. Penalties may be imposed for late-filed Statements of Organization. A candidate with an open committee that exceeds \$750 in activity for another office shall file within 10 days either a new or amended		Audited		
committee that exceeds \$750 in activity for another office shall file within 10 to	ays enner a new or arrended Ar	Computer		
DR-1 disclosing information concerning the campaign for the new office sough				
COMMITTEE NAME 1 4 (A candidate's committee must include the	ændidate's last name <u>in t</u> he παme o	f the committee.)		
On the Till Minute live age	Acres Schools	5.126		
Committee to exect whom	Committee To Elect Winns, Ayrus Sommson			
IMPORTANT: Indicate type of committee you are reporting for: 4		10		
	Statewide PAC (3) State Party (4	County DAC / B V	CHy PAC	
(1) Statewide/Legislative/Judge Standing for Recention Candidate (2) Statewide (3) County PAC (3) City PAC (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)				
and the second s	COMMITTEE CHAIR (many	latory except for a	candidate's committee)	
COMMITTEE TREASURER (mandatory for all committees)	Name +	<b>N</b> .		
Name + + Kryh Willer C	Maine * * JETYY	HAVS	- 0	
	Mailing Address ↓ ↓	C 1A 1	11. 00	
Mailing Address 1422 W Tuckeur	Making Address + 506	South	Affice Kd.	
	City, State ↓ ↓ Zip Code ↓	, 1 f	111-6-135	
City, State Luck VIII F TH SUNTS	TH SUNS City, State + Zip Code + Zip Code + Zip Code TH-SUISE			
	114 61-2	-6230		
Phone 641, 228-846+	Phone 641, - 842	- 6 23°		
1 1.4.4	1			
e-Mail	e-Mail			
INDICATE PURPOSE OF COMMITTEE - Check One Box Adv	ocate for/against candidate(s) 🔲 🖊	Advocate for ballot is	sue(s)	
All Candidates Enter?	I   County/Local Candidates	and Local Ballot Co	ommittees Enter:	
All Candidates Enter 1 Council - Know	County: Mary	4.8.6		
1	County:			
Political Party (if applicable)	(it active in multiple pariot is	SUE EIECHOID, GUAV	i list of countes	
District:	Date of Election: / 1	2-07		
*	Date of Elections			
Year Standing for Election:			s, if applicable).	
*	Candidate name & Address or		s. if applicable).	
Year Standing for Election:	Candidate name & Address or	Parent Entity (PAC	s, if applicable). Of	
Year Standing for Election:  Bank Account Name	Candidate name 8 Address or	Parent Entity (PAC	s, if applicable). Of	
Year Standing for Election:  Bank Account Name	Candidate name & Address or	Parent Entity (PAC	s, if applicable). Of	
Year Standing for Election:  Bank Account Name	Candidate name 8 Address or	Parent Entity (PAC	s, if applicable). Of	
Year Standing for Election:  Bank Account Name   Name of Financial Institution/type of Account	Candidate name 8 Address or  ↓ ↓  Mailing Address ↓ ↓	Parent Entity (PAC Affiliate, or Sponse	of	
Year Standing for Election:  Bank Account Name	Candidate name 8 Address or	Parent Entity (PAC	z, if applicable).	
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Year Standing for Election:  Bank Account Name   Name of Financial Institution/type of Account  Mailing Address	Candidate name 8 Address or  ↓ ↓  Mailing Address ↓ ↓	Parent Entity (PAC Affiliate, or Sponse	of	
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Year Standing for Election:  Bank Account Name   Name of Financial Institution/type of Account  Mailing Address	Candidate name 8 Address or   Wailing Address   City    City	Parent Entity (PAC Affiliate, or Sponse	of	
Year Standing for Election:  Bank Account Name   Name of Financial Institution/type of Account  Mailing Address	Candidate name 8 Address or   Wailing Address   City    City     City     City     City     City	Parent Entity (PAC Affiliate, or Sponse	of	
Year Standing for Election:  Bank Account Name   Name of Financial Institution/type of Account  Mailing Address	Candidate name 8 Address or  Wailing Address   City   Phone ( )	Parent Entity (PAC Affiliate, or Sponse	of	
Year Standing for Election:  Bank Account Name   Name of Financial Institution/type of Account    Mailing Address ↓ ↓  City ↓ ↓ State ↓ ↓ Zip ↓ ↓	Candidate name 8 Address or  the state of th	Parent Entity (PAC Affiliate, or Sponse	of	
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Year Standing for Election:  Bank Account Name  Name of Financial Institution/type of Account  Mailing Address  City	Candidate name 8. Address or	State   State   Code chapters 68A and these reports on or be	Zip ↓ ↓  d 68B and the administrative efore the required due dates	
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Date Signed